

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 008 ****61.25

DOCUMENT # N04000009233

1. Entity Name
**VENICE INTERFAITH COMMUNITY ASSOCIATION,
INCORPORATED**



Principal Place of Business
**% VENICE UNITED CHURCH OF CHRIST
620 SHAMROCK BLVD
VENICE, FL 34293-1738**

Mailing Address
**% VENICE UNITED CHURCH OF CHRIST
620 SHAMROCK BLVD
VENICE, FL 34293-1738**

00040404



2. Principal Place of Business

3. Mailing Address

P.O. Box 2022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

Venice FL

4. FEI Number
20-1242741

Applied For
Not Applicable

Zip

Country

Zip

Country

34284-2022

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, HAROLD O ATTN
333 S TAMiami TRAIL
STE 283
VENICE, FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **NAZIAN, SUSANNE**
STREET ADDRESS **1971 PINEBROOK RD**
CITY-ST-ZIP **VENICE, FL 34284**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BASCOM, SHIRLEY**
STREET ADDRESS **514 CIRCLEWOOD DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ONNIE, JANET**
STREET ADDRESS **1017 E GONDOLA DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RIVERA, LORI**
STREET ADDRESS **3276 VENICE AVE EAST**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KOHNSTAM, PIETER**
STREET ADDRESS **126 MONTELLUNA DR**
CITY-ST-ZIP **VENICE, FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Wes Schumacher**
STREET ADDRESS **208 Palm Ave.**
CITY-ST-ZIP **Nokomis, FL 34275-3928**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Bascom
Shirley Bascom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

941-496-4818

Daytime Phone #